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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/080,749	
	Filing Date	22 February 2002	
	First Named Inventor	Bo JOHNSON	
	Art Unit	1762	
	Examiner Name	MICHENER, Jennifer Kolb	
Total Number of Pages in This Submission	10	Attorney Docket Number	30275-6

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Coversheet and return receipt postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mitchell P. Brook, Reg. No. 32,967 Luce, Forward, Hamilton & Scripps LLP
Signature	
Date	August 23, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Amy M. Sheridan		
Signature		Date	August 23, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Atty. Docket No.: 30275-6

In re application of: Bo JOHNSON

Serial No.: 10/080,749

Filed: February 22, 2002

Examiner: MICHENER, Jennifer K.

For: COMPOSITION AND METHOD FOR COATING MEDICAL DEVICES

Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

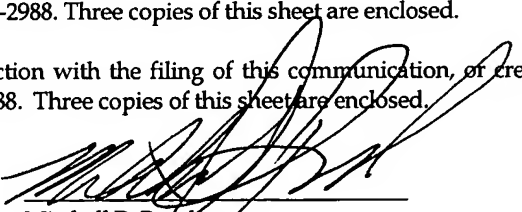
Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is enclosed because this application was filed prior to October 25, 1965 (effective date of Public Law 89-83).
- ☒ No additional fee is required.
- ☒ One stamped, self-addressed postcard for the PTO Mail Room date stamp.
- ☐ Petition For Extension of Time and charge to Deposit Account of Appropriate Fee. The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	minus	37	0	x \$18	\$0.00
INDEPENDENT CLAIMS	3	minus	9	0	x \$0	\$0.00
MULTIPLE DEPENDANT CLAIMS	<input type="checkbox"/>				\$ 280	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- ☐ Charge \$_____ to Deposit Account No. 50-2988. Three copies of this sheet are enclosed.
- ☒ Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 50-2988. Three copies of this sheet are enclosed.


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